



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

10/27

HAWAII STATE ETHICS COMMISSION
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05 MAY 27 2004
STATE OF HAWAII
STATE ETHICS COMMISSION

For lobbying reporting period:

☐ January 1 - last day of February

☒ March 1 - April 30

☐ May 1 - December 31

Year of Report 20____

Contact person Phyllis J. Baumwell Dendle Phone (808) 432-4626

Organization Kaiser Foundation Health Plan, Inc.

Mailing Address 501 Alakawa Street
Honolulu, HI 96817

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 16,421.00

EXPENDITURES

| Category | Total Amount | Category | Total Amount |
|--|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials | 50.00 | 7. Entertainment | |
| 2. Media advertising | | 8. Food & beverages | 136.00 |
| 3. Telegraph, telephone and other forms of telecommunication | | 9. Gifts | 1225.00 |
| 4. Postage | | 10. Loans | |
| 5. Compensation paid to lobbyists | 15,000.00 | 11. Other disbursements | |
| 6. Fees (other than to lobbyists) | | TOTAL EXPENDITURES | 16,421.00 |

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name | Address | Compensation paid |
|----------------------------|------------------------------------|-------------------|
| Phyllis J. Baumwell Dendle | 501 Alakawa St. Honolulu, HI 96817 | 5,000.00 |
| Christopher G. Pablo | 501 Alakawa St. Honolulu, HI 96817 | 10,000.00 |
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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

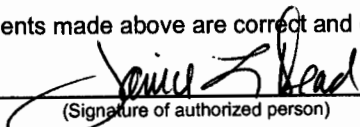
| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge


(Signature of authorized person)

5/23/05
(Date)

Name of authorized person (type or print) Janice L. Head

Title of authorized person President - Kaiser Foundation Health Plan, Inc., Hawaii Region